EL 759668553 US

## **UTILITY** PATENT APPLICATION **TRANSMITTAL**

PTO/SB/05 (03-01)		10/05/01							
Attorney Docket No.:	CS90041	Total Pages: 2							
First-Named Inventor or Application Identifier	Jenifer Fahey								
Title:	11100000	MOBILE WIRELESS COMMUNICATION HANDSET WITH SOUND MIXER AND METHODS THEREFOR							
Express Mail Label No.:	EL 759668553 US								
(Only for new nonprovisional applications under 37 CFR 1.53(b))									

Assistant Commissioner for Patents Box Patent Application APPLICATION ELEMENTS
(see MPEP chapter 600 concerning ADDRESS TO:

utility patent application contents)	Washington, D.C. 20231							
1. X Fee Transmittal Form in duplicate								
2. X Specification	Total Pages 22							
3. X Drawings	Total Sheets: 2							
4. X Oath or Declaration with Power of Attorney	Total Pages 5							
a. X Newly Executed (original or copy)								
b. Copy from prior application (37 CFR §1.63(d))  (for continuation/divisional with Box 17 completed)								
i. Deletion of Inventor(s):  Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b)								
5. Incorporation by Reference (useable if Box 4b is checked)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.								
6. Application Data sheet. See 37 CFR 1.76								
7. Nucleotide and/or Amino Acid Sequence Submission								
ACCOMPANYING APPLICATION PARTS								
8. $\sqrt{X}$ Assignment Papers (cover sheet and document(s))								
9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney								
10. English Translation Document (if applicable	'e)							
11. Information Disclosure Statement (IDS)Form PTO/SB/08	Copies of IDS Citations							
12. Preliminary Amendment								
13. X Return Receipt Postcard (MPEP 503) (show	ıld be specially itemized)							
14. Certified Copy of Priority Document(s)								

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15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent								
16.								
17. IF A CONTINUING APPLICATION check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:								
Continuation Divisional Continuation- Prior Appl. No. in- Part (CIP)								
Prior Appl. informa	tion: Examiner:			(	group/	Art Unit:		
	C	ORRESPO	ONDENCE	ADDRES	S			
Customer Number or Bar Code				or [	Correspondence address belo			ence address below
NAME   Roland K. Bowler II								
Attorney for Applicant(s)								
Reg. No.	33,477							
ADDRESS Motorola, Inc. Law Department 600 North U.S. Highway 45								
CITY	Libertyville	S	TATE	IL	ZI	P CODE		60048
COUNTRY	U.S.A. TELI	EPHONE	847-52	3-3978		FAX	84	7-523-2350
CYTON AVERAGE NAV								
NAME Roland K Bowler Reg. No. 33,477								
SIGNATURE SIGNATURE								
DATE 10/05/01 Deposit Account User ID 13-4768								

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PTO/SB/17 (11-00)			Complete if Known								
FEE Applic		Application Nu									
		Filing Date							***************************************		
Patent fees are subject to annual revision  Examir		First Named In	ventor	1/2	enifer Fahey	,					
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		Examiner Nam									
	(\$) 1406.00	Group Art Unit									
TOTAL AMOUNT OF PAYMENT	(\$) 1400.00	Attorney Dock	et No.	C	S90041						
METHOD OF PAYMENT			FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge		3. ADD	NOITION	AL FEES							
	edit any overpayment to			irge		mall					
Deposit Account Number	13-4768		<u>Er</u>	<u>ntity</u>	<u>Er</u>	ntity					
Deposit Account Name	Motorola, Inc.		Fee	Fee	Fee	Fee					
			Code	(\$)	Code	(\$)	F	ee Descrip	otion		
χ Charge Any Additi	onal Fee Required		105	130	205	65	Surcharge - late filing fee or oath				1
Under 37 CFR 1.1	· · · · · · · · · · · · · · · · · · ·		127	50	227	25	Surcharge	- late Provi	sional filing		
Applicant claims s			139	130	139	130	-	sh specificat	•		
See 37 CFR 1.27	-		147	2520	147	2520	For filing a	request for	ex parte		
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2. Payment Enclosed			112	920*	112	920*	Requesting	publication of	SIR prior to		
Charle C	rodit Liamani C	Other	110	1040*	440	10.10*	Examiner	action			
	redit Money Card Order	Other	113	1840*	113	1840*	Requesting publication of SIR after Examiner action			-	
Old Older		115	110	215	55	Extension for reply within first month					
FEE C	ALCULATION		116	390	216	195	Extension for reply within second month				
			117	890	217	445	Extension for	or reply within	third month		
1. BASIC FILING FEE			118	1390	218	695	Extension for reply within fourth month				
			128	1890	228	945	Extension for reply within fifth month				
Large Entity Small Entity Fee Fee Fee Fee			119 120	310	219 220	155	Notice of A				
Fee Fee Fee Code (\$) Code	Fee Paid	121	310 270	220	155 135		et in suppor or oral heanr	t of an appeal			
			138	1510	138	1510	•		C use proceeding		
101 710 201 365	, , , _	740.00	140	110	240	55		revive - una			
106 320 206 160		141	1240	241	620		revive - unir				
107 490 207 245		142	1240	242	620	-	e fee (or reis	sue)			
108 710 208 355 114 150 214 75		143 144	440 600	243 244	220 300	Design iss				. 1	
114 150 214 75 Provisional filing fee			122	130	122	130	Plant issue fee Petitions to the Commissioner Processing fee under 37 CFR 1.17(q)				
SUBTOTAL (1) (\$)740.00			123	50	123	50					
2. EXTRA CLAIM FEE	:S		126	180	126	180	Submission of IDS				
	Extra Fee from		581	40	581	40	-		t assignment	40.00	
Total Claims 37 -20** = [	Claims Below 17 X 18 =	Fee Paid	146	710	246	255		(times numbe			
Total Claims 37 -20** = Independent 7 -3** =	306.00 320.00	146	/10	∠40	355	•	bmission afti 37 CFR § 1.1				
Claims	4 X 80 =	020.00	149	710	249	355		-	ention to be		
Multiple Dependent	270 =						examined	(37 CFR § 1	.129(b0		
Large Entity Small Entity			179	710	279	355		or Continued	Examination		ļ
Fee Fee Fee Fee Code (\$)	Fee Description	on	169	900	169	900	(RCE) Request for	or expedited	examination		. 1
103 18 203 9	Claims in excess of 20							application			ı
102 80 202 40 104 270 204 135	Independent claims in excess Multiple dependent claim, if no		Other fee	(specify)					<u> </u>		$\dashv$
109 80 209 40	** Reissue independent	- F 20.00									彐
440	claims Over original patent										$\sqsupset$
110 18 210 9 **Reissue claims in excess of 20 and over original patent									***************************************		$\dashv$
	* Reduc	ed hv R	asic Filing F	ee	SURTOTA	L (3)	(\$) 40.00		$\dashv$		
(5) 628.00 paid						(W) =0.00					
**OR NUMBER PREVIOUSLY PAID IF GREATER. For Reissues, see above							_				
SUBMITTED BY						Complete	(if applicable)		_		
Name (Pnnt/Type) Foland K, Bewley II Registration No. 33,477					Tele	phone	847-523-3	3978	$\Box$		
Signature   U - V							ii Data	10/05/	′∩1		
Signature						Ma	il Date	10/03/	υı		
7		CS90	041								